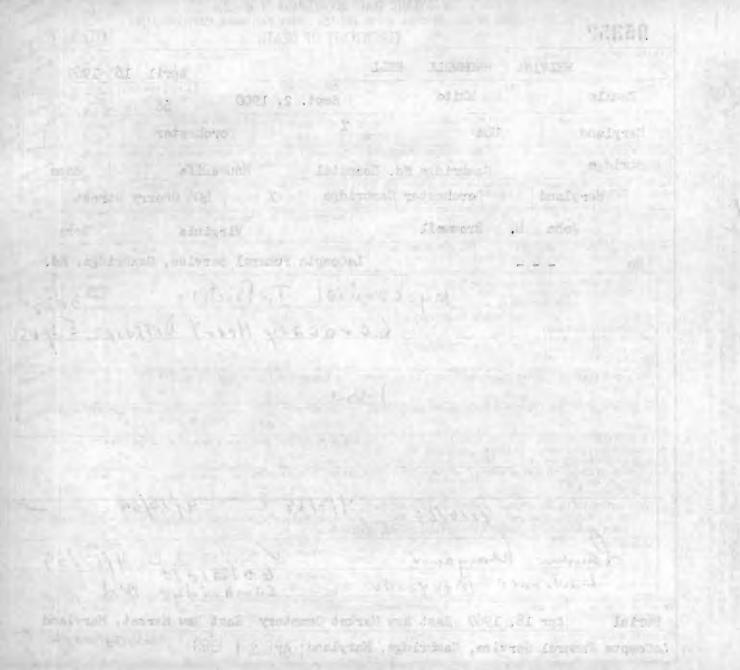
| 20 1 | Lt | emb Fil | nGL12 5 | /1/69kM | ARYLAND : | W PPEST | 'ARIMENI OF F ON STREET, BALTI | HEALIH MORE MAI | YIAND 21201 | i | | |
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| FOR STATE | | 0535 | 1 | | | | ERTIFICATE | | | | 05343 | |
| HEALTH DEPT. | | ECEASED-NAME Type or Print) | First | | Midd | | Lost | | 2a. DATE KNO | OWN Manth | Day Year | 26 HOUR |
| Poge of is | | | Alton | | slie | Bats | | IF UNDER 24 HR: | OF ES DEATH MA | IED 🗀 . | 19 | 71 - M |
| a a a a | 3. 51 | M | A RACE Negr | | | 6. AGE (In year last birthday) | MONTHS DAYS | HOURS MI | N Manth L | | .7 Yeor 19 6 | 2d. HOUR |
| orm Porm | 7a, I | BIRTHPLACE (State stry) | or foreign | 7b. CITIZEN OF WH | A . | W | | | orches | | | Md |
| after deoth. Sny 8. Give Pages 1, 2, plong with form P with the State Depo | | | desdale | RD give | street added) | nchvil | DN (If not in haspitol le Road | during mo | OCCUPATION (Kinst of working life, | | 12b. KIND OF BU INDUSTRY | SINESS OR |
| | 130. | USUAL RESIDENC dmission) STATE | E Where deceas | ed lived, if institution 13b. COUNTY | or e | before 13c. CI | ry or town desdale | YES NO | | ND NUMBER | 749 | |
| | 14. F | ATHER'S NAME | O sha | Middle | Bo | ison | 15. MOTHER'S MAID | EN NAME F | Pluce | Middle | a ohn | 2011 |
| CV | | WAS DECEASED EVE es, no, or unknown | | ORCES? war or dates of service) | 166. SOCIAL SEC | URITY NO 07-741 | 17. INFORMANT | hini | in B | ADDRESS | 0 | |
| | | 966 | EATH WAS CAUSEI IMMEDIA | DUE TO, OR | ine for (a), (b), | (c).) | 0 | and | l hem | thro | APPROXIMA BETWEEN ONSI | |
| INER: This certificate should be executed e certificate, writing the word "pending" is should be forworded to the Chief Medical files. 3 should be used as a burial-transit permit, totion, or removal, and in any event within | | rise to immedi stating the und last. | derlying cause | DUE TO, OR | AS A CONSEQU | | end of | کلر . | es A | | | |
| ficote sing the ded to os a b | | PART 2. OTHER S | IGNIFICANT COND | ITIONS CONTRIBUT | ING TO DEATH E | BUI NOI RELATI | D TO THE TERMINAL DIS | SEASE OR CONU | ITTON GIVEN IN PA | KI I(a) | | |
| is certific te, writin forword forword e used oor | FICATION | 19a. DATE OF OI | PERATION | | 19b. CONDITION | N FOR WHICH (| PERATION | | | | 20. AUJOP: | 4 |
| INER: This certificate, writing the certificate, writing the sound be forword. Should be used softon, or removal. | MEDICAL CERTIFICATION | 210. EXTERNAL OF PRIMARY. OF DEATH | CONTRIBUTING [| | INJURY Manth, I | | Stabbe | | | Part 1 or Part 2, t | tem 18.) | |
| bical Examiner: se execute the certification. Page 4 should ned for your files. ECTOR: Page 3 should burial, cremotion, | MED | 21d. INJURY OCC | TIPPED 121e | PLACE OF INJURY (| At home form | | 21f. LOCATION Street of Rhodesd | | City or Ti | _ | County | State Md. |
| ICAL EXA execute tor. Poge ed for you CTOR: Pog | | | | | | escribed abo | ive, held an Autar | psy X, | Inspection | , Inquiry | , and in t | ny apinian |
| se ey ctor. ctor. ned bur | | death res | sulted fram: | Natural cau | ses 🔲, A | ccident 🔲 | Suicide | Hamicide | Undeterr | mined manner | | |
| pleo pleo retaire | - | ACTUAL SIGNATURE | toh | m22 | ne | 2. | M.D. ASSIS | | EXAMINER | 22b. DAT | | |
| o DEPUTY necessory, the funero 5 moy be 0 FUNERAI Health pri | | EXAMINER'S NAME (Type) | J | ohn Mac | e Jr- | | | JTY MEDICAL EX RESS(Street, city | (AMINER K) y, tawn, ar caunty) | | 17/69 | |
| TO DEPU necesso the fun 5 moy TO FUNE Health | 230 | BURIAL, CREMAT | TION, 23b. | | | AME OF CEMET | RY OR CREMATORY | | 23d, LOCATION (Cit | | (County) | (State) |
| | 124 | REMOVAL (Speci | | -21-61 | 0 | ADDRESS | Yn.Z | 25a. REC'D BY | REGISTRAR | 25b. REGISTRAR | SIGNATURE | 1N |
| VR A15ME (5) 10M REV, 1/68 | 17 | auni | en Or.C | Later | m.56 | AHURE | DELAWARE | APR 2 | 3 1969 | Milrosel. | Dan & Con | |

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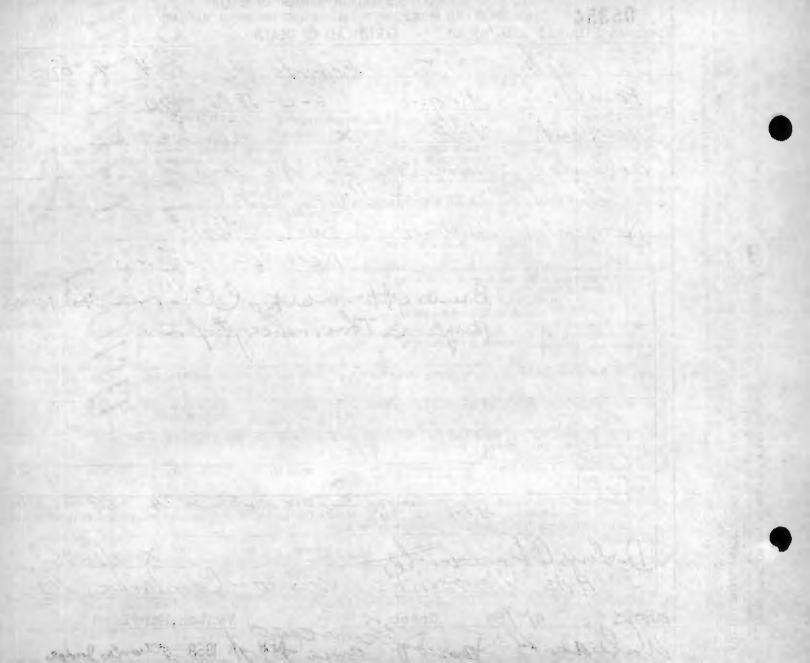
MAKYLAND STATE DEPARTMENT OF HEALTH



| 1 1 | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
|--------|--|
| | 05353 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05345 |
| death. | i. DECEASED-NAME First CARLTON J. Middle Lost 20. DATE OF DEATH Month April 12 1969 |
| | Male 4. RACE White 5. DATE OF BIRTH Mar. 28, 1916 6. AGE (In yeors if under 14 AR is under 24 HRS) AND MONTHS DAYS HOURS MIN |
| | 70. BIRTHPLACE (Stole or foreign country) Maryland 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH DOTCHES TET |
| | 10. CITY OR TOWN OF DEATH Cambridge 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Cambridge Md. Hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Shipping Clerk Wire Cloth |
| | 30. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) 13b. COUNTY 13b. COUN |
| | 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Dean Bennett Margie Seward |
| | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, on or unknown) (If yes give war or dottes of service) 220 10 6028 17. INFORMANT Address 18. Social Security No. 17. INFORMANT LeCompte Funeral Service records |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |
| | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED. (Fore polyre of injury in Part 1 or Part 2 learn 18.) |
| l | G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19 |
| | While Not while of work 10 (I) (this haspital) attended the deceased from 2/1, 1969, ta 4/2, 1969, that (I) (we) la saw the deceased alive an 4/2 of the date and hour and from the |
| | causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b_SIGNATURE) 22b_SIGNATURE) 22c_DATE SIGNED 22 |
| | 230. BURIAL CREMATION, Substitution Apr 16, 1969 Spedden-Seward Cemetery Cambridge, RFD 3, Maryland |
| 1 | 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR SIGNATURE LeCompte Funeral Service, Cambridge, Maryland, APR 1 7 1909 |

THE REPORT OF THE PARTY OF THE the distance of the state of th c 11, ? .: ебе ALL STREET E and The Aghtreenth refreshood in Africa of and desired desired Will 200 10 500 belongs Numbel Arrain regired-hereat les 1990 Applications descript description 2023, Maryand interpret services, finingles, darriand AFR 17 deques of man

| | | MAKTLAND STATE DEPARTMENT OF HEALTH |
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| | | 05354 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05346 |
| 2.0 | Ete | ems586 FilmG411 4/14/69 kk CERTIFICATE OF DEATH |
| . 22. | 1. D | ECEASED-NAME Figst / Middle Last / 2a. DATE OF DEATH 2b. HOUR. |
| death. | 1 | Type or print) Month 4 Doy 4 Year 69 239 |
| | 3. SI | EX / 14. RACE , S. DATE OF BIRTH 1898 6. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. |
| # 122 | | S. DATE OF BIRTH 1898 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| S (18, 2 | 7 | Female Negro 6-5-18796 Tost birthday YRS. MONTHS DAYS HOURS MIN |
| 200 | /o. | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COMMRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH |
| in 24 iilled iii poper | | Month of the WIDOWED DIVORCED DIVORCED Mid. |
| be executed within 24 hours after ond completely filled in white to be remove corbon poper. There's I in ony event, within 72 hours often | 10. 0 | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 120. USUAL OCCUPATION (Kind of work dane give street address) (MDUSTRY) |
| S/ with | 1 | funbridge: Easter (Sive Stop Hate Have hite |
| od s | 13a. | USUAL RESIDENCE (Where deceased Jived, if institution: Residence before, 13c. CITY OR TOWN 28. INSIDE CITY LIMITS? 13e. STREET AND NUMBER |
| e executed with | aam | ission) STATE for part 13b. COUNTY Somerset Honie YES NO |
| exe d c mo | 14. 6 | FATHER'S NAME / First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost |
| be exected on the condition on the condi | | Nother sed Dushiell Sura Ellis |
| icate b sician please I, and i | 160. | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address |
| ertificate by physician hen please naval, and | Y | (es, no, ar unknawn) (If yes give war or dates of service) |
| he death errific o strending pays permit. Then ion, ar remaval | | ID CAUSE OF DEATH (Finder ciply once course one line for (a) (b) and (c)) |
| iii iii | | 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: |
| end end ar | | IMMEDIATE CAUSE (a) Dague Toma Coma +48 hours |
| off on, | | DUE TO, OR AS A CONSEQUENCE OF |
| ÷ • ÷ | | I fanditions if any furbith anna |
| + + ± is 0 | | Conditions, if ony, which gave) (b) Paradure Thurshoerla for a |
| thot th an. by the ransit i | | rise ta immediate cause (a), |
| es thot sician. ed by th al-transi | | rise to immediate cause (a) |
| quires that physician. signed by th surial-transi | 1 | rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF |
| requires that the death fertificate in physician. The signed by the attending physician to burial-transit permit. Then please to burial, cremation, ar remayal, and | × | rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) |
| low requires that nding physician. been signed by the street of the burial-transition to burial, cremainer to the control of t | MOUTH | rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) |
| he low requires that other and the standing physician. The best signed by the grass the burial-transit prior to burial, cremans | IFICATION | rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. IF Yes, Were Findings Considered in Certifying Causes of Death 2 |
| t: The low requires that or ottending physician. The has been signed by the use as the burial-transit alfh prior to burial, creme | CERTIFICATION | Tise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? |
| AN: The low re all or ottending ficote has been for use as the Health prior to | 룅 | Tise to immediate cause (a), stating the underlying cause (b). The terminal disease or condition given in part 1(a). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). 19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Doy Year 12b. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) |
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| DING PHYSICIAN: The low re is by the hospital or attending After this certificate has been is the detached for use as the state Dept. of Health prior to | 룅 | Tise to immediate cause (a), stating the underlying cause lost. Due To, or as a consequence of (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH? 19 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) While Not while of wark Office Building, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County State of Wark of Wark (I) (this hospital) attended the deceased from 19 And that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. |
| DING PHYSICIAN: The low re is by the hospital or attending After this certificate has been is the detached for use as the state Dept. of Health prior to | 룅 | Tise to immediate cause (a). Stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF lost. |
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| JING PHYSICIAN: The low reby the hospital or ottending fler this certificate has been be detached for use as the State Dept. of Health prior to | WEDICAL MEDICAL | Sist to immediate cause (a). Surface to immediate cause (b). Due To, Or as a consequence of lost. Due To, Or as a consequence of lost. Comparison of the terminal disease or condition given in part 1(a) Part 2. Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Part 2. Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Part 2. Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Part 2. Other significant conditions contributing to death of causes or death Part 2. Other significant conditions contributing to death Part 3. Other significant conditions contributing to death Part 4. Other significant conditions contributing contributing contributions contributing contributions contributing contributions contribu |
| ATENDING PHYSICIAN: The low re be retoined by the hospital or ottending JIRECTOR: After this certificate has been a should be detached for use as the ed with the State Dept. af Health prior to | WEDICAL MEDICAL | The stating the underlying cause (a), stating the underlying cause (bst. public to, or as a consequence of (c). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR AM. Month Doy Year 9. M. Month Doy Year 1. HOUR AM. STREET, FACIORY) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State 1. Was work at wark 1. Hour family of the deceased from 1. Hour family (a) and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE PHYS. DIRECTOR STAFF DIRECTOR PHYS. ATTENDING DIRECTOR TOWN) (State) |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05347 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 20. DATE KNOWN Month Day Year (Type or Print) MORRIS BRAMBLE ESTI-Apr 17 2, and 3 to 19 6 ō DEATH MATED ment IF UNDER 4 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 6. AGE (in years 2d. HOUR S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD last buthday) May 14, 1924 Male White Day 10Am 7o. BIRTHPLACE (Stote or foreign MARRIED THEYER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 4 should be farwarded to the Chief Medical Examiper's Office along with farm country) Maryland Dorchester USA WIDOWED DIVORCED [Give Pages the Stat 10. CITY OR TOWN DF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS DR during most of warking life, even if retired.)
Waterman INDUSTRY Seafood Cambridge Md. Hospital Cambridge 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE Maryland 13b. COUNTY Dorchester Head 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. Tand 2 with 13b. COUNTY Dorchester None YES | NO TA in Item 1 diter 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Bramble Mossye James W. Morris pages 启 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT pencil be executed within (Yes, no or unknown) 218 16 9168 (If yes give wor or dotes of service) LeCompte Funeral Service records E APPROXIMATE INTERVAL .⊆ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Hrs. any event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Canditians, if any, which gave rise to immediate cause (a), certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remayal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES IX NO [Б 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK please executé burial, 22a. I certify that I took charge af the remains described above, held on Autopsy Inspection K ond in my opinion Inquiry the funeral director. Notural causes X Accident deoth resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Health John Mace Jr.M.D Cambridge. NAME (Type ADDRESS(Street, city, town, or county) Md 50 23a BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Spacify) Apr 19, 1969 Dorchester Memorial Park Cambridge, Maryland ADDRESS 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15ME (5) 10M REV. 1/88

MARYLAND STATE DEPARTMENT OF HEALTH

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| - | | 05356 | DIVISION OF VITAL RECORDS | S, 301 W. PRESTON STREET, BA | | |
| | | ((00))) | | CERTIFICATE OF DEATI | H | 05348 |
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| fer fer fer | 3 SE | X | 4. RACE | S. DATE OF BIRTH | 6. AGE (In years last birthday) | IF UNDER I YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN |
| Poge The Control of t | _ | MALe | Colored | 3-20-1 | | Manths DAYS Haurs Min. |
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| O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificote be executed within 24 hours after death. Page 4 may be retoined by the hospital or attending physician. Funeral DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please hemave corbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or remaval, and in any event, within 72 hours after death. | 14. | ATHERS NAME FIRST ReeAd4 | Middle Campast | SR 15. MOTHER'S MAIDEN NAM | First Leth Middle | TPO VODE |
| cote l | 160. Y | WAS DECEASED EVER IN U.S. ARI | and the second s | Y NO. 17 INFORMANT | Address | 1962, PINEST. |
| phy en ovo | | es, no or unknown) (If yes give, | | 15 Sylvester | CAMPER CIA | APPROXIMATE INTERVAL |
| in the contract of the contrac | | 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ary one cause per line for (a), (b), and (| d) ecompensation | | BETWEEN ONSET AND DEATH |
| deoi tenc mit, or | | IMMED1 | HISE CHOSE (U) | | | |
| the e of tion | | Canditians, if any, which gave | DUE TO, OR AS A CONSEQUENCE O | | , | undet. |
| rat L. Th insit | | rise ta immediate cause (a),(| (b) Arterioscle DUE TO, OR AS A CONSEQUENCE O | rotic_CVD | | |
| t cion the first | | stating the underlying cause last. | (r) | ır | | |
| quire phys igne rurio urio | | PART 2 OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE (| ORCONDITION GIVEN IN PART 1(a) | |
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| low s. beer rror | CERTIFICATION | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION WAS | PERFORMED 200. AUTOPSY? | 20b IF YES, WERE FINDINGS | CONSIDERED IN CERTIFYING |
| The second of th | RTIFI(| | | YES NO | | |
| AN: of or cate or u | | 21g ACCIDENT WAS UNDERLYING | NG 21b. TIME OF INJURY THE HOUR A.M. Manth Day Yea | 21c HOW INJURY OCCURRED (E | inter nature of injury in Part 1 or Part 2, | Item 18) |
| SIC. | MEDICAL | OR CONTRIBUTING CAUSE OF DEA | ner) P.M. | 19 | | |
| PHY: e ho ins contrach Dept | N. | ************************************** | PLACE OF INJURY (AT HOME, FARM, STREET, I | EACTORY.) 21f. LOCATION Street or R.F.D | No. City or Town | Caunty State |
| NG that the art of the defendance of the defenda | | at wark at wark 1 | is haspital) attended the decea | sed from April 4, 19 | 969 to April 18, 19 | 69_, that (I) (we) last |
| NDI A be d b d b e St | | saw the deceased o | live an April 18, | 19 69, and that in (my) (aur) | apinian death accurred an the d | ate and havr and fram the |
| TITE FOR Hould th th | | causes stated above | e, (I) (well(did) (did not) view th | e body after death. | | |
| OR A be ret be ret a sign of the sign of t | | 22b SIGNATURE | Marit | DEGREE PHYS | | DATE SIGNED April 22, 1969 |
| TAL Oy bong by pange of file | | 22d. PHYSICIAN'S NAME (Type) J. EDW | TAL DA CODDING NO. D | 22e ADDRESS | | |
| SPIT 4 m WER, for, fld b | | | | 623 HIGH | ST., CAMBRIDGE, MA | ARYLAND 31613 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. | .23a. | BURIAL (Specify) 23b | -21-69 23c NAME O Bet | F CEMETERY OR CREMATORY CAT MET | MINDRIDGE DORCHE | (County) (State) |
| | | FUNERAL DIRECTOR | i 76: Boore LADDRE | SS 2Sa. REC | D BY REGISTRAR 2Sb REGISTRAR | S SIGNATURE . |
| 30M REV | | Lewis H. Board | ley 603 Washing to | | R 2 4 1969 Jalian | ces judges |
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| er. | | | | | CERTIFICA | TE OF DEATH | | 05349 |
| death. | neral and 2 death. | | ECEASED NAME First | | COTT A | lost | 20. DATE OF DEATH A TOTAL Month Dog | 2b HOUR |
| o | neral and death | _ | " MADISO | | CHA | | APRIL 29 | TA0A W |
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| executed |) 5 6 6 | - | FATHER S NAME First | Middle Lost | CAMBRI | LUTE | | |
| 9 | | 14. | GEORGE | CHASE | 15. 4 | NOTHER'S MAIDEN NAME First BERTH | | PINDER |
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| fica | ple ple al, c | | | war or dates of service) | | ESTER CHASE | 715 CORNES | SH DR. 21613 |
| Cert | nov | | 18 CAUSE OF DEATH (Enter on | nly one couse per line for (o), (b) and (o | | NOT THE COURT | 12) 00:111:1 | APPROXIMATE NIERVAL |
| ŧ | din It.] | | PART 1 DEATH WAS CAUSE | D BY Cardiovaso | ular acc | cident | | 24 hours |
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| in- | affending physician. has been signed by the affending physician and campietely filled in 12 The tall se as the burial-transit permit. Then please remave carban papers. Pages I haviar to burial, crematian, ar removal, a≡din any event, within 72 hours affer the prior to burial. | | PART 2 OTHER SIGNIFICANT CO | INDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO T | HE TERMINAL DISEASE OR CON | DITION GIVEN IN PART 1(0) | |
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| _6 | has been see as the the prior to the | S | 196. DATE OF OPERATION 196. | . CONDITION FOR WHICH OPERATION WAS P | ERFORMED | 20a. AUTOPSY? | 20b. IF YES, WERE FINDINGS (CAUSES OF DEATH? | ONSIDERED IN CERTIFYING |
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| Z Z | al ol ficate far u | | 2TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEAT | | 21c. HOW | INJURY OCCURRED (Enter no | ature of injury in Port 1 or Port 2, | Item 18.) |
| SICI | spilt ert f ed t | MEDICAL | (If either, not by medical exami- | mer) P.M | 19 | | | |
| ΉY | be retained by the haspital SIRECTOR: After this cert fice is 3 shauld be detached fai ed with the State Dept af He | ~ | 21d NouRY OCCURRED 21e | PLACE OF INJURY (AT HOME FARM, STREET, F OFFICE BUILDING ETC | ACTORY,) 211. LOCA | TION Street or R.F.D No. | City or Town | Caunty State |
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| <u> </u> | After After I be Stat | ı | saw the deceased h | ys hospital) attended the decem- | LY CIACLORO I | agt in imvitaliti onini | an deoth occurred on the do | ite and haur and from the |
| | action of the control | | couses stated abact | e/(I) (we) (==) (did not) view the | body after dec | ath. | | aro aro naor aro nomina |
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| H | dire dire | 230 | BUR AL CREMATION, 23b | 1 7 2/ - | e cemeieky ok cr B ethèl | | CAMBREDGE DOL | (Caunty) (State) |
| Ξ. | | 24 | FUNCAL DIRECTOR | | | AL H. 250 REC'D BY | O P OF TO A POP TO | * |
| | VR A15 (4) 45M - 1 (19 | -5 | Frederick C. | Stew CAMBRI | DGE, MD. | APR 9 | 1969 Kilianlas | Judge : |



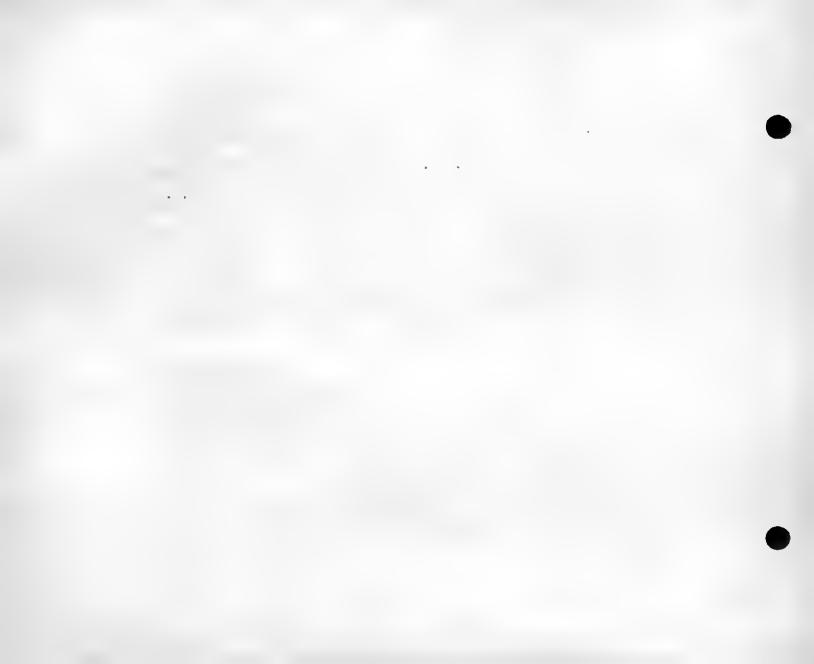
| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I DECEASED NAME (Type or print) J. HARRY CONDON 3 SEX Male 4. RACE White Source of BIRTH June 22, 1888 5. DATE OF BIRTH JUNE 22, 1888 5. DATE OF BIRTH JUNE 22, 1888 5. DATE OF BIRTH JUNE 22, 1888 6. AGE (In years of June 12 to June 22, 1888) 70. BIRTHPLACE (Stole or fore-ign country) Maryland 10. CITY OR TOWN OF DEATH COUNTRY? 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 12. JUNE 22, JUNE 25, MORE THAN 12 to JUNE | Md S OR |
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| DECEASED NAME (Type or pinet) J. HARRY CONDON Lost 20 DATE OF DEATH April 300 196 90 25 DATE OF BIRTH April 300 196 90 25 DATE O | Md 24 HRS. M N M S OR |
| S DATE OF BIRTH June 22, 1888 6 AGE (In years let shorter) 18 MORE 17 EAR 19 MORE 1 | Md S OR |
| Country Maryland USA | S OR |
| Cambridge Cambridge Md. Hospital dung mast of working, if, even if retired Matterman Seafood Matterman Mat | VA. |
| odmission) STATE Maryland 13b (OUNTY Dorchester Cambridge YES NO RFD #3 14 FATHER'S NAME First Middle Lost William H. Condon Elizabeth Snoots 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 213 50 6073 LeCompte Funeral Service records 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) APROX.MATE INTER BETWEEN ONSET AND E 18. CAUSE OF DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) APROX.MATE INTER BETWEEN ONSET AND E Conditions, Tony, which gove rise to immediate cause (o), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) Conditions Conditions | VA. DEATH |
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| 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21b ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) | 3 |
| County C | om the |
| May 2, 1969 Spedden-Seward Cemetery RFD 3, Cambridge, Maryland 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland 250 RECU BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland 250 RECU BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lecture Le | - |



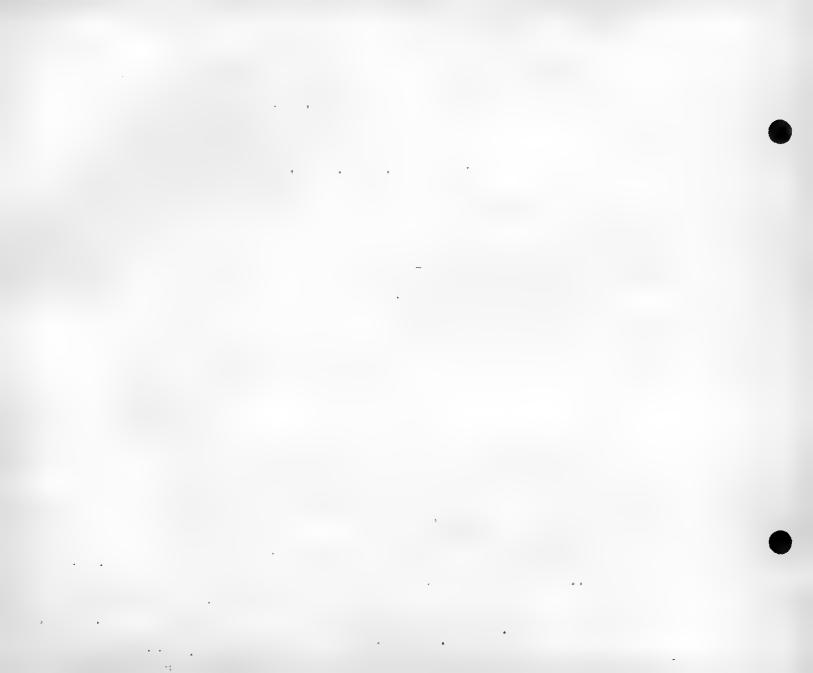
| 1 | L±t | sem5 FilmG412 5/5/69kMARYLAND STATE DEPARTMENT OF HEALTH | |
|--|-----------------------|--|---|
| FOR STATE | | 05359 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 05351 |
| HEALTH DEPT. | 1 D | FECEASED-NAME First Middle Lost 20 DATE KNOWN Month Type or Print) Cherrical Could house of ESTI | Say 6 20 10 10 1 |
| ny delay ir P. and 3 y P. Pege artment o | 3 \$ | EX 4. RACE S DATE OF BIRTH 6 AGE (in years F UNDER YEAR IF UNDER 24 HPS 2c DATE PRONUNCED DEAD Lost Aurithoday) MONITIS DAYS HOURS MIN MONITIS DAYS HOURS MIN MONITIS DAYS HOURS MIN MONITIS DAYS HOURS MIN MONITIS DAYS HOURS | 19 M 2d HOUR 3 Year, 69 11A1 |
| ny c 2, ai PM: partr | _ | BIRTHPLACE (State or foreign 75, CITIZEN OF WHAT COUNTRY? 8 MARRIED 9 COUNTY OF DEATH | 19 09 TTW |
| De Je | | iry) Md. U.S.A. WIDOWED DIVORCED Dorchester | Mal |
| This certificate shauld be executed within 24 haurs after death any delay licate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 be farwarded to the Chief Medical Examiner's Office along with farm PM3. Place used as a burial-transit permit. File pages 1 and 2 meth, the State Department are remayal, and in any event within 72 hours after death | 10. (S | eaford well. K.F. I give street oddress) 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working life, even if retired) Farmer | 126 KIND OF BUSINESS OR INDESTRY |
| Grv Grv | 13a | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JIM 152 13e STREET AND NUMBER | |
| | | dmission) STATE Md. 13b COUNTY Dor. Coke sbut y YES NOK R.F.D3 Se | aford, Del. |
| hin 24 haur neti in Bem viner's Office pages 1 and hours affek | 14. F | ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle | last |
| 24 in lin lin lin lin lin lin lin lin lin | 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS | unphy |
| INER: This certificate shauld be executed within 24 haurs as a certificate, writing the word "pending" in pencif in Item 18 shauld be farwarded to the Chief Medical Examiner's Office a files 3 shauld be used as a burial-transit permit. File pages 1 and 22 matron, or removal, and in any event within 72 hours after de | | (if yes give war or dates of service) 22/-/2-258 Mrs. Viola Coulbourne Wif | |
| TY DICAL EXAMINER: This certificate shauld be executed with y, please execute the certificate, writing the word "pending" in perial director. Page 4 shauld be farwarded to the Chief Medical Exame retained for your files AL DIRECTOR: Page 3 should be used as a burial-transit permit. File prior to burial, cremation, or removal, and in any event within 72 | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| be execute "pending" iief Medical ansit permit | | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound brain | Instant |
| exe endii Me if pe | | DUE TO, OR AS A CONSEQUENCE OF | |
| l be d "p Chief rans | | Canaditians, if any, which gave need to be a second | |
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| e sh the tal tal | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART [(a) | |
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| rriffic red b auld | Al CE | 216 EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING DESCRIPTION OF INJURY Month, Day Year PRIMARY TO CONTRIBUTING DESCRIPTION OF INJURY Month, Day Year Shot self with 22 rifle | rem 18) |
| INER e ter shau files 3 sha atran | MEDIC | CAUSE OF DEATH CAUSE OF DEATH 1/8/6cp Shot self with 22 rifle 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or RFD No City or Jown | County State |
| | | WHILE DAT WHILE SONS home Cokesbury R.F.D.3Seaford | Del |
| bicat Examiner: se execute the cert refar. Page 4 shave ned for yaur files ECTOR: Page 3 shau burial, crematran. | | 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry | |
| ICA ICA Itar. ed f ed f CTO | | death resulted fram. Natural causes, Accident, Suicide Hamicide Undetermined manner | |
| JIY BICA ry, please e eral director be retained RAL DIRECT | | CHIEF MEDICAL EXAMINER | |
| TY, pringle re re prio | | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE | SIGNED 4/9/69 |
| necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem | | EXAMINER: DEPUTY MEDICAL EXAMINER XX NAME (Pipe) John Mace Jr. ADDRESS(Street city, tawn, or county) | |
| t of the | 230 | BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR EREMATORY 23d LOCATION (City or Town) | (County) (State) |
| | E | SUMMER 4/11/69 COKOSLUBY RELIANCE DO | inchesten Md |
| VR A15MF I5C A | 24 | FUNERAL DIPECTOR FUNERAL DIPECTOR ADDRESS AS DES SCOLAR DE REGISTRAR SON REGISTRAR | |
| VR A15ME (5) | | Tarry 6. Darby Scolard Del DAPR 1 4 1969 June | By Vacation |
| (4) | | | |

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MAKILAND SIAIE DEFAKIMENI OF NEALIN



| | 05361 | DIVISION OF VIIOU RECIPIES | 301 W. PRESTON STREET, BALTIS | MADE MADVIAND 91901 | |
|---------------|--|--|--|--|--|
| | 05354 | | | | |
| | DECEASED NAME First (Type or print) MARY | | Lost HAYWARD | 2a. DATE OF DEATH APRIL Month 3Day | 1969 2b. Hour |
| 3 | SEX | 4. RACE | S DATE OF BIRTH | 6. AGE (In years | IF UNDER 1 YEAR 15 UNDER 24 HRS. |
| | FEMALE | NEGROID | SEPT. 18, 19 | 19 last birthday) YRS | MONTHS DAYS HOURS MIN |
| (0 | BIRTHPLACE (State or foreign unity) MARYTAND | 75. CITIZEN OF WHAT COUNTRY? USA | B. MARRIED X NEVER MARRIED WIDOWED D.VORCED D | COUNTY OF DEATH DORCHESTER | Mo |
| IU. | CAMBRIDGE | 11. NAME OF HOSPITAL OR INS | | OCCUPATION (Kind of work dane | 12b. KIND OF BUSINESS OR INDUSTRY |
| ıdr | MARYIAND | DORCHESTER | CAMBRIDGE 136 INSIDE CITY LIN CAMBRIDGE YES X NO | | DRIVE |
| 4 | FATHER S NAME First OLLIE | Middle Last SMTTH | 15. MOTHER'S MAIDEN NAME FII DORA | st Middle | LAKE |
| 160 | a. WAS DECEASED EYER IN U.S. AR Yes, no, or unknown) (If yes give | MED FORCES? war or dates at service; 220-01-901 | | Address S 616 HIGH STRE | ET 21613 |
| | PART I DEATH WAS CAUSE IMMEDI 4 1 3 3 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost | DUE TO, OR AS A CONSEQUENCE OF (b) Coronary he | ecompensation | NDITION GIVEN IN PART 1(a) | APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH |
| CERTIFICATION | 19a DATE OF OPERATION 19b | CONDITION FOR WHICH OPERATION WAS PER | YES NO 📆 | 20b IF YES. WERE FINDINGS CO CAUSES OF DEATH? | |
| MEDICAL CEI | OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exami | HOUR A.M. Manth Day Year Iner) P.M 19 | | nature of injury in Port 1 or Port 2, It | tem 18.} |
| M. | While Not while at work 22a. I certify that (I) (the saw the deceased a causes stated obave) 22b SIGNA URE | PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC. A Dril 3. 19 (we) (drafted north view the b | d from December 12 39 60 69 and that in (my) (aur) apin ady after death. DEGREE PHYS. MEDING MEDING DIR | 22c D | ate signed |
| | | DATE 23c NAME OF C | | 23d LOCATION (City or Town) | |

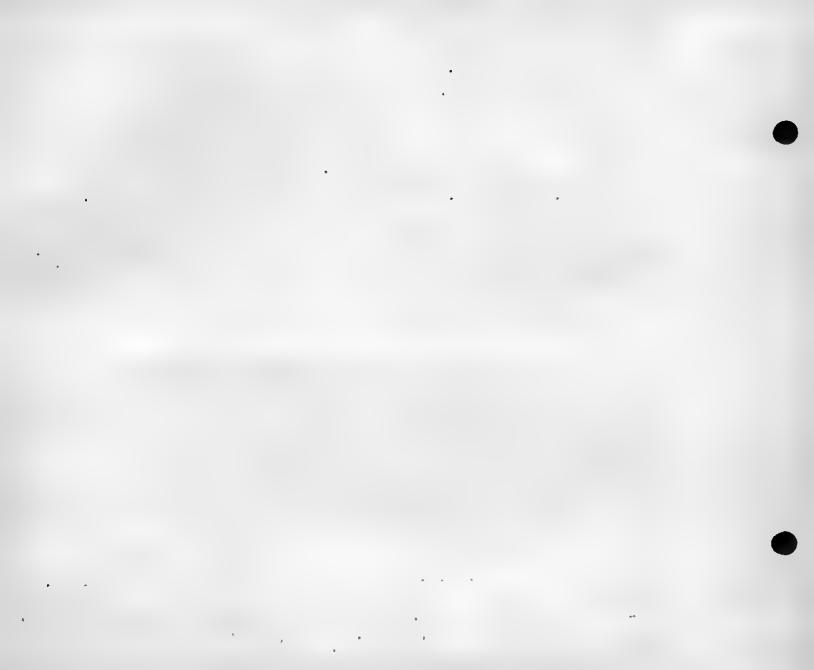


| - | _ | 1 | | | IN STATE DEPARTMENT OF | | |
|---|--|---------------|--|--|--|--|---|
| 12- | | | 05362 | DIVISION OF VITAL RECORDS, | 301 W. PRESTON STREET, BAL | TIMORE, MARYLAND 21201 | 0=== |
| C | | | ()()()() | 1 | CERTIFICATE OF DEATH | | 05355 |
| _ | 2 -5 | | ECEASED-NAME First | Middle | lost | 20. DATE OF DEATH | 2b HOUR |
| eat | ne funeral ges 1 and 2 gfter death | (| (ype or print) marti | na Jane | Henry | April Month 25 Day | 1967 8/5 M |
| - P | or d | 3 5 | | 4 RACE | 15. DATE OF BIRNH | 6 AGE (In years | FUNDER I YEAR IF UNDER 24 HRS. |
| s offe | the f | | Female | White | 12-26 | -94 last birthday) | MONTHS DAYS HOURS MIN. |
| a di | 0 11 10 | | BIRTHPLACE (State or foreign | 76. CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9 COUNTY OF DEATH | |
| 4 4 d | papers hin X2 h | 100 | ntry) Md. | USA | WIDOWED DIVORCED | Norcheste. | Md |
| hin 2 | filled n page ifhin X | 10 | TITY OR TOWN OF DEATH | give street address) | . dur na r | JAL OCCEPATION (Kind of work dane nast of working life, even if retired) | 126 KIND OF BUSINESS OR INDUSTRY |
| Ť | rbo v | 100 | ambridge | Fastern St. | one State NOSP. | Housewife | |
| perci | and completely fille remove carbon par any event, within | adm | ission) STATE namular | ed lived, if institution Residence before 13b. COUNTY Dorchester | Fast New Marks | LMITS? 13e. STREET AND NUMBER | |
| X | d co | 14 | FATHER'S NAME First | Middle Last | IS MOTHERS MADEN NAME | First Middle | Last |
| pe | ond e rem | | Vames | E Bost | on Mar | garet | Phillips |
| 9 | plegse and and a | | WAS DECEASED EVER IN U.S. ARN | | | Address | |
| 넆(| or attending physician. Icote has been signed by the attending physicion and control to use as the burial-transit permit. Then please remoter to burial, cremation, or removal, and in any | u | es, na, or unknawn) (If yes give w | er or dates of servi.e) 2/2-16- | 749 Med. Records | at ESSH. Can | bridge, md. |
| le ' | attending place permit. Then ion, or removal | | | y ane cause per the for (a), (b) and (c) |) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ÷ | r re | | PART I DEATH WAS CAUSED | y ane cause per ine far (a), (b) and (c) | Doroxales | Marchall Mar | G DETWEEN ONSET AND DEATH |
| 9 | mer n, o | | 485 X IMMEDIA | TE CAUSE (o) TO A CONSEQUENCE OF | | 1 | |
| the the | the a sit pe | | Canditions, if any, which gave) | · | | V | |
| to | The second | | rise to immediate cause (o). | (b) | | | |
| # : | tron- tron- tren | | stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF | | | |
| al le | physician. signed by the attendi burial-tronsit permit. burial, cremation, or re | | | (c) | OT RELATED TO THE TERMINAL DISEASE OF | CONDITION OWEN IN DARK 1/ A | |
| Led | 5 S S S S S S S S S S S S S S S S S S S | | FART Z. OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING TO DEATH BUT N | OF KELATED TO THE TERMINAL DISEASE OF | CONDITION GIVEN IN PART (6) | |
| ≥- | nding been s the ior to | 8 | 190 DATE OF OPERATION 196 | COMPUTION FOR HUBE I ASSOCIATION WAS DE | DEDDALED DO ALIZADEVA | Table in the Marks Employees | ANGIDEDGE IN CERTIFICANO |
| <u>0</u> | is or attending incore hos been for use as the Health prior to | CFRTIFICATION | 190. DATE OF OPERATION 190 | CONDITION FOR WHICH OPERATION WAS PE | | 20b IF YES, WERE FINDINGS C | UNSIDERED IN CERTIFYING |
| €. | e he he he he | FETT | 21a ACCIDENT WAS UNDERLYIN | C lost stars of unitary | YES O NO | | |
| AN | He C | | OR CONTRIBUTING CAUSE OF DEAT | | 1 SIC HOM INTOKA OCEORKED (EUI | er nature of injury in Port I for Part 2, | Item 18) |
| Sici | spite entification of | MEDICAL | (If either, notify medical examin | ner) P.M. | | | |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death | he hospital or after this certificate hos letached for use os Dept of Health pri | ** | 21d INJURY OCCURRED 2.e. While Not while at wark | PLACE OF INJURY (AT HOME FARM STREET FA | 21f. LOCATION Street or R.F.D. N | o. City or Town | County State |
| S. | d by the date of t | | 22a. I certify that (I) (the | s haspital) attended the deceas | ed from <u>6 - 3</u> , 19 19 <u>69</u> , and that in (my) (<u>aur)</u> a | 67, ta 4-25, 19 | 69, that (I) (we) last |
| 2 | ad the Second Se | | saw the deceased a | ive on 4-25 | 19 <u>69</u> , and that in (my) (aur) ap | pinion death accurred on the do | te and have and from the |
| | 70 H 10 H 10 H | | | , (I) (we) (did) (did nat) view the | body after death. | | DATE COMES |
| S. A. | be ref | 1 | 22b SIGNATURE LA K | relied K. a | Complayeng B | DIRECTOR PHYS | PATE SIGNED 6 69 |
| TO HOSPITAL | Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After th.s certificate has been signed by director, page 3 should be detached for use as the burial-tror should be filed with the State Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating | | 22d PHYS CIAN S NAME (Type) B | 4. Riecke | 22e ADDRESS | len Marl | Las Med |
| OSP | Light of the state | 724 | BURIA, EREMATION, 235 I | DATE 23¢ NAME OF | CEMETERY OR CREMATORY | 23d LOCATION (City or Town) | (Caunty) (State) |
| H . | Pag dire sho | 200 | HEMOVAL (Speedy) | 29-69 ERT I | JEIN MADVET AN | 1 | TT FOR MAD |
| Ξ. | 7 | 24 | FMINERAL DIRECTOR | ADDRESS | 2Sa RECD | JEPST UEW MHK BY REGISTRAR 25b REG STRAR'S | SIGNATURE |
| | VR A15 | 17 | Al P. In | | APR 2 | 9 1969 Milliane | y landella |
| | 42111 . 17 078 | 1 | VILLENIA COTA | clame Jacobs | MODELLO LA LOTTONIO | 7 .000 | 4 0 |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05356 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME First Middle Last 20. DATE KNOWN Year 2b HOUR (Type or Print) 2, and 3 to PM3. Poge ESTI-OF James 10P, Holmes 5 DEATH MATED 4. RACE 6. AGE (in years IF JADER : YEAR IF UNDER 24 HRS 3. SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR Deportme Wale Negro 11/21/1926 10P. 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH c's Office along with form country) Alabema USA WIDOWED ! DIVORCED TO Dorchester 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspito-12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired ! 3d INSIDE CITY JAMES? 112 INDUSTRY with the Cambridge lips St. 13a US_AL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 136 COUNTY DOP . admission) STATE ild. Cambridge 16 Phillips St. YES XX NO pdges_Land 2 after 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Essex Holmes Rosie Holmes hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17. INFORMANT pency (Yes, na, ar unknown) the certificate, writing the word "pending" in penc 4 should be forwarded to the Chief Medical Examy 091-24-0846 Josephine Thompson Tanurid. E event within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY immediate cause (a) Ruptured anounysm of brain Instant DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave nse ta immediate cause (a), in any This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) or removal. CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO 🗌 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year [21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Tawn Caunty State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy K., Inspection Inquiry and in my apinian death resulted fram. Natural causes X, Accident . Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MED CAL EXAMINER John Lace Jr. ADDRESS(Street, city, town, or county) Cambridge. BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) (State) 1/20/69 MT. HILLIARD UNION SPRINGS BULLOCK ST. CLAIR F. HOME VR A15ME (5) CAMBRIDGE, MJ.

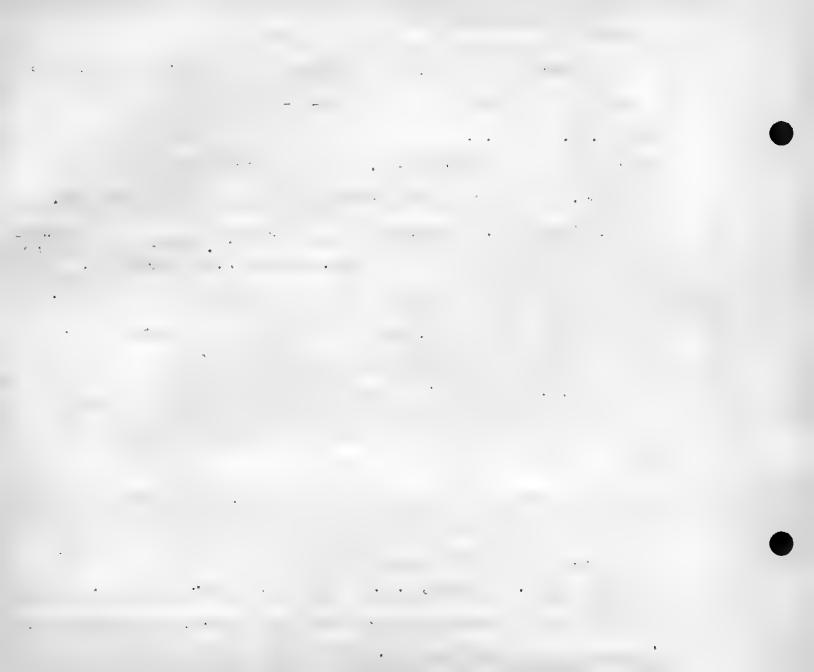
MARYLAND STATE DEPARTMENT OF HEALTH



| | ı | | DRUGION OF | | STATE DEPARTMENT OF | | |
|--|------------|---|----------------------|---|-----------------------------------|---|--|
| | | | | | | LTIMORE, MARYLAND 21201 | |
| | L | | 5364 | CE | RTIFICATE OF DEATH | 1 | 05357 |
| 된 무충된 | | CEASED NAME First | 11 | Middle | Last | Zo. DATE OF DEATH | 2b HOUR |
| rer death, funeral s 1 and 2 ter death. | | Mar | die | IJ. | Jatvis | ' Month 4 | Day 29 Yeor 69 43 AM |
| fun fun fer | 3. 5 | X // 1 | 4. RACE | 111 | 5 DATE OF BIRTH , 3 | 6. AGE (In years | IF UNDER YEAR IF UNDER 24 HRS |
| or the f | | Male | IN | hite | 05-28- | 05 last birthday) | MONTHS DAYS HOURS MAN |
| - de de | | | 76 CITIZEN OF W | HAT COUNTRY? 8 | MARRIED NEVER MARRIED | 9. COUNTY OF DEATH | |
| be executed within 24 haurs after death and campletely filled in the funeral eremany corban papers. Pages 1 and 2 lin any event within 72 lines ofter death | (00 | Mary/and | 11,5 | A. | WIDOWED DIVORCED | De | orchester mo |
| hin 24 filled fring fring | 10 | ITY OR TOWN OF DEATH | 11. N | AME OF HOSPITAL OR INSTIT | | SUAL OCCUPATION (Kind of work dor | |
| e eccuted with | | Cambrida | | street oddress) Shor | e State Hosp. F | mast of warking life, even if retired | Selfemplaced |
| ampleti ve cari | 130 | USUAL RESIDENCE (Where deceased ssign) STATE | lived, if nithtu | ian Residence before 1: | BC. C TY OR FOWN 13d. INSIDE CI | TY LIMITS? 13e STREET AND NUMBER | 7. 17.0 |
| campletely ave carbar | ugii | SSIGITY STATE Md. | 136. COUNTY | Vorcester | Ocean City YES | NO . 300 SIXT | ist. |
| a a a a a a a a a a a a a a a a a a a | 14 | ATHER'S NAME First, | Middle | Lost | IS. MOTHER'S MAIDEN NAM | E First Middle | Last |
| d in a | | John | 1+. | Jaky | S SALLY | MARKE | Bowden |
| Siden please and | 160. | WAS DECEASED EVER IN U.S. ARME | D FORCES? | 166 SOCIAL SECURITY NO. | 17 INFORMANT | Address | |
| AN: The law requires that the death certificate be exerted at a retending physician. It is a strength of the s | Ш | BS. no. or unknown) (4 yes g ve wor | or do es at service) | none | Pts Hospital | Record - Easte | onn Shore Stateth |
| ng re | | 18 CAUSE OF DEATH (Enter only | ane cause per iu | ne for (a), (b), and (t)) | V . | | APPROX MATE INTERVAL BETWEEN ONSET AND DEATH |
| ar re | | PART I DEATH WAS CAUSED IMMEDIATE | BY E CAUSE (a) | Une. | unine | | DAYS |
| e de atte | | 4 1 | | AS A CONSEQUENCE OF | / | | |
| the atte | | (andit ans it any, which gave) | (b) | Poulsen | 0.11.A. | | 1244S |
| that n. oy t ans | | rise to immediate cause (a), (stating the underlying cause (| 7-1 | S A CONSEQUENCE OF | . 1 1 | 7 | 1.4 |
| equires that the physician. Signed by the burial-transit burial, cremati | | last discountry ing cassa | (1) | eneralle | ed asterior | relessio | /EARS |
| phy phy sign suri | | PART 2 OTHER SIGNIFICANT COND | ITIONS CONTRIBU | TING TO DEATH BUT NOT | RELATED TO THE TERMINAL DISEASE C | OR CONDITION GIVEN IN PART I(a) | |
| ng en s ne l | 2 | Chronic bu | ain sa | medsone | - C.V.B.c | It hemuble | rai |
| law indu | FICATION | 190 DATE OF OPERATION 196 CO | ONDITION FOR WH | ICH OPERATION WAS PERFO | RMED 200 AUTOPSY? | 206. IF YES, WORE FINDING | S CONSIDERED IN CERTIFYING |
| AN: The law rail or attending cate, bas been or use, as the Health prior to | T FIG | | 0 | | YES NO | CAUSES OF DEATH? | S CONSIDERED IN CERTIFYING |
| ar ar | CERT | 21a. ACCIDENT WAS UNDERLYING | | | 21c HOW INJURY OCCURRED (E | nter nature of injury in Part 1 or Part | 2, (tem 18) |
| CI SEE SEE | S S | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. | Manth Day Yeor | | . , | |
| YSI dasp cert theo | MED | 214 INT IDV OCCUPATE 63 D | LACE OF INJURY | (AT HOME, FARM, STREET FACTOR OFFICE BUILDING, ETC. | 211. LOCATION Street or R.F.D. | No. City or Town | County State |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician. INECTOR: After this certificate bas been signed by the attending physiciage 3 shauld be detached far use as the burial-transit permit. Then pleased with the State Dept. af Health priar ta burial, crematian, ar removal, and | | While Not while of work | | OFFICE BUILDING, ETC. | | | 333.1, |
| d by the After at be de State | | 22a. I certify that (I) (this | hospital) atte | aded the deceased | from 05-03, 19 | 68, to_ ADF29. | 19.69, that (1) (we) last |
| NO Sed 2 | 1 | saw the deceased alin | ve on | 7Pr 1 1 29 19/ | I ond that in (my) (our) o | pinion death occurred on the | date and hour and from the |
| A Transport | | causes stated above, | (I) (we) (did) | (dið riat) view the boi | ly after death. | | |
| WE SEC | | 22b SIGNATURE | | 2/11/ | ATTENDING - | MED STAFF DIRECTOR PHYS. | 2c DATE SIGNED |
| | | 1 yearles | 0// | - Gsla | DEGREE PHYS. | MED DIRECTOR DIPHYS PHYS | 4-27-69 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar aftending physician. TO FUNERAL DIRECTOR: After this certificate, bas been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, creating the state Dept. af Health priar to burial, creating the state Dept. | | 22d_PHYSIC ANS NAME (Type) = ALD | DO PL | AREA M | 228 ADDRESS | CHARCE HACE-CA | EMPOINE MA |
| V September 4 | 220 | BUR AL, CREMATION, 23b DA | TE T | 23, MANE OF CO. | ETERY OR CREMATORY | 1224 OVATION V. | 100000000000000000000000000000000000000 |
| # 5 E E E E | 230 | SEMOVAL (Spectry) | 1/104 | ZSC NAME OF CEN | | 23d OCATION (City of Town) | (Equinty) (State) |
| (3) | b — | EUNERAL DIRECTOR | 1 | ADDRESS | FRGREEN | D BY REGISTRAR 256 REG STRA | P C SIGNATURE |
| VR A15 45M - 1/89 | | Anna A. B. | ula | ne Bul | in MA MAN | 5 1969 your | relatives " |
| 4200 - 17 07 | | | 0 = 0 = 0 = | | 1 DAVI A | 0 1303 | 00 |



MAKYLAND STATE DEPARTMENT OF HEALTH





| 1 | 1 | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | |
|--|---------------|--|---|
| FOR STATE | | 05367 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 05360 |
| HEALTH DEPT. | 1.6 | DECEASED NAME First Middle Lost 20. DATE KNOWN Month Doy | Year 2b HOUR |
| y is tot | | MINNIE COOPS MUTPIN DEATH MATED 4 26 | 1869 14 M |
| any deloy is , 2, and 3 to n PM3. Page | 3 9 | F White 6/23/98 Days MONTHS DAYS HOURS MAN. Month & Day 26 | Year 19 12 HOUR |
| form the Dep | (0) | BIRTHPLACE (State or toreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NITY) MC, WIDOWED DIVORCED DONCHOSTEV | Md. |
| hours fatter death Jny and litem 18. Give Pages 1, 2, o Office along with form PM lond 2 with the State Depart offer death | 2 | ambridge great regired / Mary/and during most of working life, even it regired / INDU | KIND OF BUSINESS OR STRY |
| 2 with death | 0 | LSUAL RESIDENCE (Where deceosed I ved if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS 13e STREET AND NUMBER OF STATE 13b. COUNTY De Core Tary YES INO [] | |
| 24 hours in Bern 's Office ss lond2 | 14. 1 | FATHER'S NAME First Middle CORS LIZE beth Middle Wa | 7/Ker |
| INER: This certificate should be executed within 24 hours be certificate, writing the word "pending" in pencil in Item 1, should be forworded to the Chief Medical Examiner's Office files. 3 should be used as a burial-transit permit file pages 1 and 2 action, or removal, and in any event within 72 hours after defice. | | WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (1 vas specific of dates of service) 16b SOCIAL SECURITY NO W.S. Murphy Secretary | , md |
| ol Explored to the first | | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: | APPROX MATE INTERVAL BETWEEN ONSET AND DEATH |
| ding ding ledic | | immediate cause (o) <u>Cerebrat Vascular ascident</u> | 2 da/s |
| ef Neminsit | | DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave | |
| ord bord : Chi | | rise to immediate couse (a), (b) Stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| shou we the uriol | Į | lost. (c) | |
| ficate should be executeding the word "pending" rded to the Chief Medical os o buriol-transit permit I, and in any event withis | - | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) | |
| writ writ rwor | CERTIFICATION | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? |
| his ote, ote fo be c | PTE | | YES NO X |
| INER: This certificate, writ should be forwor files. 3 should be used address. | MEDICAL CE | 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 210. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18 P.M. 19 | |
| DEPUTY DICAL EXAMINER: This certificate should be executed with steasary, please execute the certificate, writing the word "pending" in pere funeral director. Page 4 should be forworded to the Chief Medical Examinary be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file solth prior to burial, cremation, or removal, and in any event within 72. | W | 21d INJURY OCCURRED WHILE AT WORK AT W | unty Stote |
| AL Executive Portion for Stringly, s | | 22a certify that I taak charge of the remains described above, held on Autopsy, Inspection 🐒 Inquiry, | and in my apinian |
| director. | | death resulted from. Natural causes 🗷, Accident 🗍, Suicide 🗋, Hamicide 🔲, Undetermined manner 🗍 | |
| Try pleose y, pleose erol direction con retaine (AL DIRECT PRIOR TO PRIOR T | | ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 225, DATE SIGNI | FD. |
| ary, nero be be pr | | DEPUTY MEDICAL EXAMINER X 4/27/ | 169 |
| o DEPUTY necessary, if the funerol s may be r o FUNERAL Heolth privi | | NAME (Type) John Mace Jr. M.D. ADDRESS(Street, city, town, or county) Cambrid | ke, Md. |
| 2 = 2 = A | 230 | BURIAL CREMATION, 236/DATE 236 NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Jown) (Courted of Cood Course) 2-cretary December 25000000000000000000000000000000000000 | on Md. |
| VR A15ME (3)/ 10M REV 1 AN | Z. | eith S. Willoughby Cast WW I rect DATE MAY REG STRANGE STORY CONTROL OF THE MAY REG STRANGE SIGNAL CONTROL OF THE MAY REG STRANGE SIGNAL CONTROL OF THE STRA | Judge. |



| _ | MARYLAND STATE DEPARTMENT OF HEALTH | | | | |
|--|-------------------------------------|--|--|--|--|
| | | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | |
| - | | 05368 CERTIFICATE OF DEATH | 05364 | | |
| =2-1= | | DECEASED-NAME First Middle Lost 20. DATE OF DEATH | 2b. HOUR | | |
| B 4 5 8 | | (Type or print) Eloise Sisk Orrell April By | 1969 S. = P.M. | | |
| <u>a</u> <u>5 - </u> <u>a</u> | 3. \$ | lost highdayd Luc | UNDER 3 YEAR IF UNDER 24 HRS. | | |
| s of the | | FEMALE White FEb, 20, 1895 74 "YRS. | The state of the s | | |
| in by | 7a cou | BIRTHRIACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH | | | |
| filled in paper thin 72 | | THEY AND WISOMED DIVORCED & DORCHES 4 FK | Md. | | |
| Within 24 hours of lely filled in by the bon papers. Page within 72 hours of | 10 | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if retired) HUR OCK BEILE HRUE NURSING From E 120 USUAL OCCUPATION (Kind of work done during most of working life even if retired) | 12b, KIND OF BUSINESS OR INDUSTRY | | |
| d who mit, v | | I. USUAL RESIDENCE (Where deceased lived/ if institution. Residence before 1.3c. CITY OR TOWN 130. MS.DE CITY UMITS? 13e. STREET AND NUMBER | | | |
| e exettated withing and completely fremove carbon nany event, with | odm | nission) MARYLAND 130 COUNTY ANNES CENTREVILLE YES NO 207 S. LIBE | erty St. | | |
| and con any in any | 14 | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME, First Middle | Lost | | |
| n all se r | | Alber W. Sisk SALLE - F | letcher | | |
| ficate be ysician o please al, and ir | | o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, aggar unknown) (It yes give war ar dates of service) 215.26-5743 MRS. ARTHUR D. Fitzpatzick Cestra | 11- M-1 | | |
| phy phy sen lovo | - | | APPROXIMATE INTERVAL | | |
| he death certific othending phys perm?. Then p ian, ar removal, | | 18. CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) The nic Tone Getive Condiso Linity (n). | BETWEEN ONSET AND DEATH | | |
| dea Trm?t | | 1112 | 7 - 1 7 3 5 | | |
| the of the other than | | Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) | let logie. | | |
| quires that the physician. signed by the burial-transit p | | rise to immediate couse (a), (10) | 1 2 4 2 4 4 4 | | |
| 25 th | | stating the underlying cause OUE 10, OR AS A CONSEQUENCE OF | 2012 | | |
| phys phys igne urio urio | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | |
| ng f en s en s tab | 25 | | x = 4 | | |
| law endi s be riar riar | AT.0 | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONS | ODERED IN CERTIFYING | | |
| YSICIAN: The law re aspital ar attending certificate has been hed far use as the st. af Health priar ta | CERT-FICAT.ON | YES NO CAUSES OF DEATH? | | | |
| AN: Il ar cate ar u Heal | | | n 18) | | |
| D of the Party of | MEDICAL | (If either, notify medical examiner) P.M. 19 | | | |
| Page 4 may be retained by the haspital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit perm?. Then please remove carbon papers. Pages should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after | = | While Not while \ Office BUILDING, ETC. | County State | | |
| IDING PHY d by the h After this d be detac | | at work at work 122a. certify that (I) (this haspital) attended the deceased from 19 , 19 , ta | , thet (i) (we) last | | |
| NDI NDI Nd b Nd b Nd b Si Si S | | saw the deceased glive an | and have and from the | | |
| aine Hau | | causes stated abave, (1) (we) (did) (did nat) yew the bady after death. | TE SIGNED | | |
| REC 3 s I wij | | ATTENDING MED. STAFF | a / a | | |
| y be gee | | 22d, PHYSIC ANS 22e ADDRESS 22e ADDRESS | ~ / | | |
| TO HOSPITAL OR TITEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the | | NAME (Type) | | | |
| UNE de | 23o | | (County) (State) | | |
| O P P P P P P P P P P P P P P P P P P P | 1 | BURIO Specify) Hereil 11, 1969 Woodlaw Mamorial PARK EASTON TALLO | + Md. | | |
| VR AIS (BL C | 24 | FEMERAL DIRECTOR A SEGISTRAR 2Sb. REGISTRAR'S SIG | | | |
| YR A13 PU C | | Some H. Barto B. Barto Bur Centreville, M.O. MPR 1 5 1969 Williams | | | |

1 4





| 2.5 | MARYLAND STATE DEPARTMENT OF HEALTH | | | | | | |
|--|--|---|--|--|--|--|--|
| 8" | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | |
| | 05371 CERTIFICATE OF DEATH 05364 | | | | | | |
| er death. Puneral fond 2 | OECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) C. WALLACE RUARK April 12 1969 | 2b HOUR M | | | | | |
| the h | 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years FUNDER YEAR F | JNDER 24 HRS | | | | | |
| 24 hours de in by the | 70 BIRTHPLACE (Stote or foreign Country) Maryland 75 CITIZEN OF WHAT COUNTRY? WHOOWED DIVORCED 9 COUNTY OF DEATH Dorchester | Md | | | | | |
| executed within 24 hours after death d completely filled in by the Puneral imave carbon pape(s Fest and 2 any event, within 72 hours after death | Honga 11. Name of Hospital or Institution (If not in hospitol during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) | S NESS OR | | | | | |
| cacuted within campletely f nave carban by event, with | 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission) STATEMARYLAND 13b COUNTY Dorchester Honga 13c. CITY OR TOWN 13d INSDECTY LIM TS? NOTE 13e. STREET AND NUMBER NOTE | 3 | | | | | |
| by exe | 14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Wallace Wallace | lost ce | | | | | |
| hysician n pleas | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give wor or dores of service) 214 16 4383 16 SOCIAL SECURITY NO 214 16 4383 LeCompte Funeral Service records | | | | | | |
| requires that the death certificate by executed very physician. signed by the attending physician and camplets burial-transit permit. Then please remove cart a burial, cremation, ar remaval, and in any event, | 18. CAUSE OF DEATH (Enter only one couse per hipe-for (a) (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove (a). Istating the underlying couse (b). Stating the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF | MIERVAL AND DEATH | | | | | |
| <u>-</u> on c ⊕ c | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | *************************************** | | | | | |
| bing PHYSICIAN: The low reby the haspital ar attending After this certificate has being be detached far use as the State Dept. of Health prior ta | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTI CAUSES OF DEATH? 1/2.2/68 Above YES NO 200 AUTOPSY? CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INITIRY 1216 HOW INITIRY OCCUPANT OF POWER OF POWE | FYING | | | | | |
| ICIAN: pital ar rtificate d far u af Heal | OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year Office either, notify medical examiner) HOUR A.M. Month Doy Year P.M. | | | | | | |
| IDING PHY 1 by the har After this ce 1 be detach 5 State Dept | While Not while of work of work | Stote | | | | | |
| The same of the sa | 22a. I certify that (1) (this haspital) attended the deceased from | | | | | | |
| OR De red w | 226 SSNATURE MED DEGREE PHYS DIRECTOR D STAFF D 1270 ADDRESS DIRECTOR D PHYS D 1.5 APRIL | 69 | | | | | |
| TO HOSPITAL Page 4 may TO FUMERAL I director, pag shauld be fil | 72d PHYSICIÁNS Harry M. Jalsh, M.D. 22e ADDRESS 116 Goldsborough Street Eas | ton | | | | | |
| O HOSPI Rage 4 m O FUREL director, shauld b | | (Stote) | | | | | |
| 10 10 10 January 10 10 January 10 | Burial Apr 15, 1969 Dorchester Memorial Park Cambridge, Maryland | 0.0101 | | | | | |
| VR AIS | 24. FUNERA. DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland APR 1 7 1969 Charles General Service Cambridge C | 2 | | | | | |



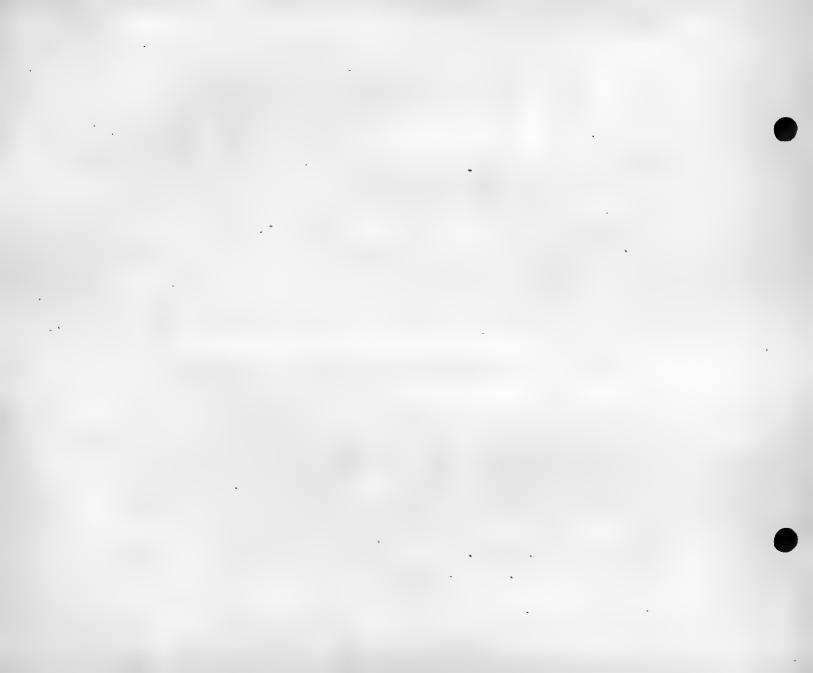
| 1 | A 30 NOISIVID | | PRESTON STREET RAITI | EALTH MORE, MARYLAND 21201 | | |
|--|---|--|-------------------------------|---|--|--|
| 0537 | 2 | | ICATE OF DEATH | mone, mantening 21201 | 05365 | |
| 1 DECEASED NAME (Type or print) | First S | Middle LATER | Lost ST. CLAIR | 20. DATE OF DEATH APRIL Month 26 Doy | 2b. HOUR | |
| 3. SEX | 4. RACE | THE P. T. 17.70 | S DATE OF BIRTH | 6 AGE (In years | F UNDER 1 YEAR IF UNDER 24 HRS MONTHS CAYS HOURS MIN | |
| FEMALE | | EGROID | JAN. 4, 188 | 3 86 "YRS. | NIGHTIS GATS TOOKS PILIT | |
| 70 BIRTHPLACE (State or country) | | MAKKI | D MEACK WHYKEGO | COUNTY OF DEATH | | |
| MARYLANI 10. CITY OR TOWN OF DE | D US | MIDOWI E OF HOSPITAL OR INSTITUTION (| hand hand | DORCHESTER | 1170 | |
| CAMBRII | DGE CAM | eet address) BRIDGE MD. HOS | SP. INC. during BO | . OCCUPATION (Kind of work dane st of wacking life, even if retired.) ISEWIFE | 126 KIND OF BUSINESS OR INDUSTRY | |
| 130. USUAL RESIDENCE (V | Where deceased lived, if institut are | Residence befare 13r. CITY | MEC THE NO. | | | |
| MARYLAND | 13b COUNTY DORCHE | | OUT IN U.S. | 434 111411 01 | | |
| | First Middle | Last | 15 MOTHER'S MAIDEN NAME FI | | Lost | |
| | LLTAM RIN U.S. ARMED FORCES? | STATER 6b SOCIAL SECURITY NO 1 | MAR: | | KIAH | |
| Yes, no prunknawn) | I (fives nive were or deless of service) | 213-1:2-018h | EDWARD ST. CL | Address LIR 434 HIGH ST | REET 21613 | |
| Conditions, if ony, rise to immed are stoting the underlist. | cause (a), (b) | mia A CONSEQUENCE OF A CONSEQUENCE OF OPTIOS CLOPO tic | | r renal disease | BETWEEN OWSET AND GEATH | |
| 190. DATE OF OPERAT | TION 196 CONDITION FOR WHICH | H OPERATION WAS PERFORMED | 20a AUTOPSY? YES NO NO | 20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH? | ONSIDERED IN CERTIFYING | |
| 2Ta. ACCIDENT WAS OR CONTRIBUTING [If either, notify ma | TOTALISE OF OFATH HOUR A M | Month Doy Year | | nature of injury in Part 1 or Part 2, I | tem 18) | |
| While Nat while | RRED 21e PLACE OF INJURY (A | FFICE BUILDING, ETC. | EOCATION Street or R.F.D. No. | City or Town | County State | |
| 22a. I certify the saw the discusses state 22b SIGNATURE | My Are | ad nat) view the bady after | GREE PHYS ME | | _69, that (I) (we) last te and haur and from the DATE SIGNED April 29, 1969 | |
| 22d. PHYSIC AN'S NAME (Type) | / | TT, M.D. | | ST., CAMBRIDGE, | MARYLAND 21613 | |
| 23a BUR AL CREMATION BUTTE (Specify) | 23b DATE | 23c NAME OF CEMETERY WAUG | | 23d LOCATION (City or Town) CAMBRIDGE I | (Caunty) (State) | |
| 24 FUNERAL DIRECTOR | 1. C. Seleil | STATEMAIR F. CAMBRIDGE. | HOME 25a. REC'D BY | REGISTRAR 25b REG STRARS | | |







| I | 1 | MARTLAND STATE DEPARTMENT OF HEALTH |
|--|---------------|---|
| | | 05375 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
| FOR STATE | L | MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| HEALTH DEPT. | 1. [| ECEASED NAME First Middle Last 2a DATE KNOWN CO Month Day Year 2b HOUR |
| 3 | | Type or Print) OF ESTI- 11 99 19 19 |
| 2 5 6 2 | | |
| deloy and 3 M3: Pa | 3 3 | lost highdrey Mourist Days Mourist Nove Mourist Days |
| | / | Male White 08-15-84 1084785, MONTHS MAN MONTH 4 Day 29 Year 19 6945M |
| Q. Q. | 7a | B.RTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH |
| - E & | (a) | MARYLAND U.S.A. WIDOWED DO DIVORCED TO TOP TOP STEP MA |
| ges for | 10 | ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hasp'tgl 12a USUAL OCCUPATION [Kind of work done 12b Kind OF BUSINESS OR |
| Po Po vith | 17 | |
| within 24 haurs after death penal in item 18. Give Pages 1, caminer's Office alang with farm feepages I and 2 with the State De 72 hours after death | 1 | ambridge greet address) Shore State Hosp during most be working the even if retired) INDUSTRY RMC1 |
| # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | USUAL RESIDENCE (Where deceased hyed, if institution Residence before 13c CITY OR TOWN 13d MISIDE CTY LIMITS? 13e STREET AND NUMBER |
| s after 18. Gi e alang 2 with death | L | dm ssian) STATE Md. 136 COUNTY Wicomica Eden YES NO & Rt #2 |
| haurs item Office Office after | 14 | FATHER'S NAME CHAPTELES MIDDLE LOST IS MOTHER'S MADEN NAME AFTEN NIE MIDDLE LOST |
| 4 # 5 P 4 | | UMBROWN V SIMMS CONCRETE MARSHALL |
| hin 24 noted in noted in noted in noted in note in not | 160 | |
| thin miner miner hours | 100 | (as not or both belown) ((Super or any work or day as of sensor) - 1 |
| # 8 0 (1 C) | E | 12 10-40-3360 13 105/1/3/1/2014-C, 3.3, 103 p. |
| hauld be executed within 24 haurs after death ward "pending" in pencil in item 18. Give Pages 1, the Chief Medical Examiner's Office alang with farminal tonish permit. Filespages I and 2 with the State Den any event within 72 hydrs after death | | THE CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) APROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| be execute pending nief Medical nisit permit | | PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) LANGE S MANUEL S |
| e execut pending of Medici sit permi | | DUE TO, OR & A CONSEQUENCE OF |
| pen of h | | Candit ans, if any, which gave) |
| | | use to immediate cause (a). (b) |
| aúld vord he Ch | | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF |
| Estrificate shauld be e writing the ward "per rwarded to the Chief! | | lost. (c) |
| A = = = 등 = | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) |
| is certificate te, writing the farwarded to be used as a breeze and as a breeze and and temaval, and | 1 | |
| certification of the control of the | l S | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? |
| ce ary ary usi | 3 | WAS DEBEODMEDS |
| , Ca (a) (a) | CERTIFICATION | AEZ I NO |
| INER: The should be certifical should be false 3 should be notion, or | | 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Hem 1B.) |
| rent rent rent les shau | MEDICAL | CAUSE OF DEATH |
| S a s a s a s a s a s a s a s a s a s a | * | 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F. D.Na City or Town County State |
| EXAMINER: ute the certificate the should age 4 should age 4 should be should be should be 3 should be 3 should be sh | | WHILE AT WORK |
| please execute director Page retained for you DIRECTOR: Page or to burial, cre | | |
| ICAL E executor for Pared for CTOR: I burial, | | 22a. I certify that I taak tharge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apin an |
| | | death resulted from Natural causes , Accident Suicide , Hamicide , Undetermined manner |
| ease lired tain ta | | CHIEF MEDICAL EXAMINER |
| | | ACTUAL SIGNATURE ASSISTANT MEDICA. EXAMINER 226. DATE SIGNED |
| E be be B | | DEDITY MEDICAL EVANUED AT 1113 61/5 |
| DEPUTY SICAL EX ressary, please execut e funeral directar Page may be retained far y FUNERAL DIRECTOR: P | | NAME (Type) JOHN MACE JR ADDRESS(Street, cty, town, or county) |
| TO DEPUTY necessary, the funera S may be TO FUNERAL Health | 22 | |
| 5 2 5 - | 231 | BURIAL (REMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY) 236 LOCATION (City or Town) (County) (State): REMOVAL(Specify) 5-1-1969 SILOAM CEMETERY OR CREMATORY) SALISTORY WILL MU! |
| | L. | |
| | 24. | FUNERAL DIRECTOR ADDRESS ADDRESS 250 REGISTRAR 250 REGISTRAR 5.5 GNATURE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| VR A15ME (5) | | Hill FUN eral Home Salisbury modeMAY 1 1969 getting |
| | - | |

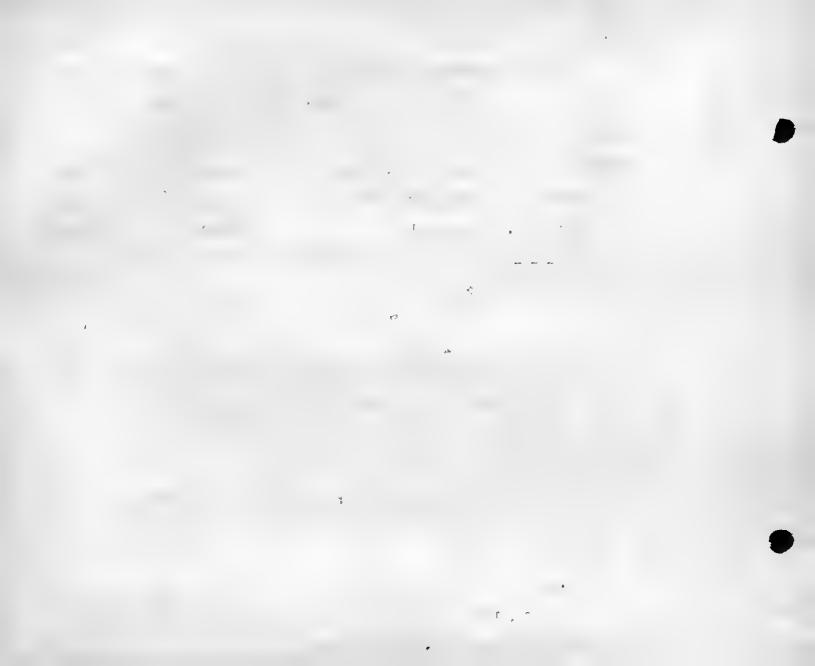


| 2. | MARYLAND STATE DEPARTMENT OF HEALTH | |
|---|--|--------------------------|
| | 05376 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH | |
| . 21 | DECFASED NAME First Middle Last 2a. DATE OF DEATH | OF HOTE |
| er death funeral 1 and ter death | (Type ar print) Fulton Waller Sterling April Manth 18 Day 69 Year | 2b. HOUR 5-40 PM |
| after jes 1 after | SEX 4 RACE S DATE OF BIRTH 6. AGE (In years FUNDER LYEAR F | UNDER 24 HRS OURS MJN |
| 4 hours | BIRTHPLACE (State or foreign 7b. CYT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED DONCHESTE CO. | BA ct |
| within 24 Juled goon paper within 72 | ambridge Tastern Shore State Nasp. Water man | SINESS OR |
| executed within 24 and campietely fulfed remaye carbon pape in any event, within 7 | USUAL RES DENCE (Where deceosed myed, if institution Res dence before 13c CITY OR TOWN 13d MSDE CITY L MITS? 13e. STREET AND NUMBER THE MARGINAL LAB COUNTY Some set Cristical YES NOW R. ## | |
| be exe | FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle | Lost |
| raftian pleas | a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (11 yes give war or dates of service) 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (11 yes give war or dates of service) 214-28-7978 ESSA medical Records - Cambridge) | ond. |
| Then Then mayo | 18. CAUSE OF DEATH (Enter on y one cause per line for (q) (b), and (c)) AFFROXIMATE BETWEEN ONST | INTERVAL |
| he death (ce | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Right war loke py sure of | KNU DERIN |
| attendi | 431 X DUE TO, OR AS A CONSEQUENCE OF | |
| the saft . | nse to immediate cause (a) | |
| quires that the physician. signed by the burial-transit purial, cremati | stating the underlying cause DUETO, OR AS A CONSEQUENCE OF (c) | |
| v requing phynen signer signer he burnta herita | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | * |
| OR ATTENDING PHYSICIAN: The law requires that the death be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending a 3 shauld be detached far use as the burial-transit permit. ed with the State Dept. af Health priar ta burial, crematian, ar re- | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 21b. TIME OF INITIAL OF IN | FYING |
| AN: Il or cate ar us deaft | | |
| SICL spita ertific ed fi | (If either, notify medical examiner) P.M. | |
| S PHY: | While Not while OFFICE BUILDING, ETC. | State |
| Apinot After After a State | 220. I certify that (I) (this haspital) attended the deceased from 8-8, 1968, to 4-8-, 1969, that (I) sow the deceased alive on 4-18 1969, and that in (my) (aur) apinian death occurred on the dote and haur and causes stated above. (I) (we) (did) (did not) view the body ofter death | (we) lost |
| aine aine hault the the | | |
| OR A be ret be ret DIRECT SIPE 3 sied with | 22b SIGNATURE W. Rizek & M. Lidegree Party Phys D 4-18.69 | } |
| SPITAL 4 may 4ERAL ar, pag id be fil | 22d PHYSICIAN'S NAME (Type) Ag & U. Rieckert F- New Mark, gd Ad. | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta | SEMBY (Specify) Apr. 21, 1969 ASBURY CEMETERY CRISFIELD, Som. M. | (State) |
| VR A15 45M | Bradshaw ad Sons Crisfield, Md DAR 22 1969 250, REGISTRAR & SIGNATURE | , . |



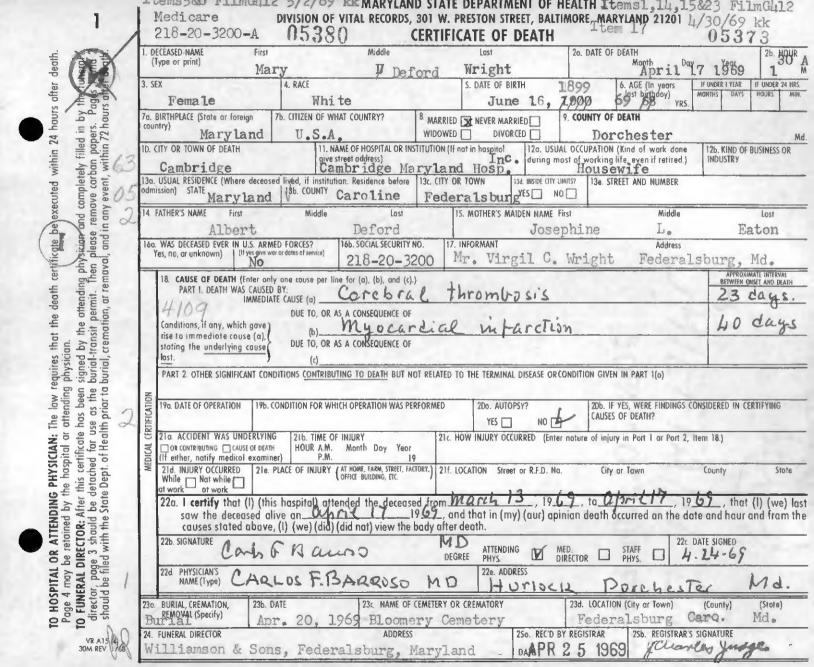
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05370 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. 1 DECEASED-NAME Middle 20 DATE KNOWN TO Yeor 2b HOUR (Type or Print) Berkley Walker OF EST -2, and 3 to PM3. Page ġ DEATH MATED State Department a 6. AGE in years IF LINDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR HOURS Male Negro Year 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 COUNTY OF DEATH to certificate, writing the word "pending" in pencil in Herin 18. Give Pages 1, should be forwarded to the Chief Medical Examinfor a Office plang with farm Give Pages 1, Virginia U.S.A. WIDOWED [7] DIVORCED [7] Dorchester 126 KIND OF BUSINESS OR INDUSTRY NONE 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in-hospital 120 USUAL OCCUPATION (Kind of work done 24 hours after death give street oddress) during most of working life, even if retired.) the Cambridge MEXICAR Chesapeake Ct death. 130 USJA, RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY HALTS? 13e. STREET AND NUMBER 136 COUNTY YES TY NO 610 Chesapeake Court Cambridge after 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME Middle Henrietta Walker Unknown haurs sabod 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes po, or unknown)
Unknown Cambridge City Police. Cambridge File any event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). permit. BETWEEN ONSET AND OFATH PART I DEATH WAS CAUSED BY Bronchogenic carcinoma c Metastases IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (o). certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = ond PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remavaí FICATION 19o. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, be YES X NO FT Б 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) plnods PRIMARY OR CONTRIBUTING HOUR A.M. crematian. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No City or Town County Stote foctory, office building, etc.) AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy [X]. Inspection Inquiry and in my apin an death resulted from: Natural causes X Accident . Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Mace Jr. NAME Hype ADDRESS(Street, city, town, or county) 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) URIA 24 FUNERAL DIRECTOR 7 250 REC'D BY REGISTRAR 25b REGISTRAR 5 5 GNATUR VR A15ME (5) 426 DOVER St., EASTON, Md. 21601 10M REV 1/68

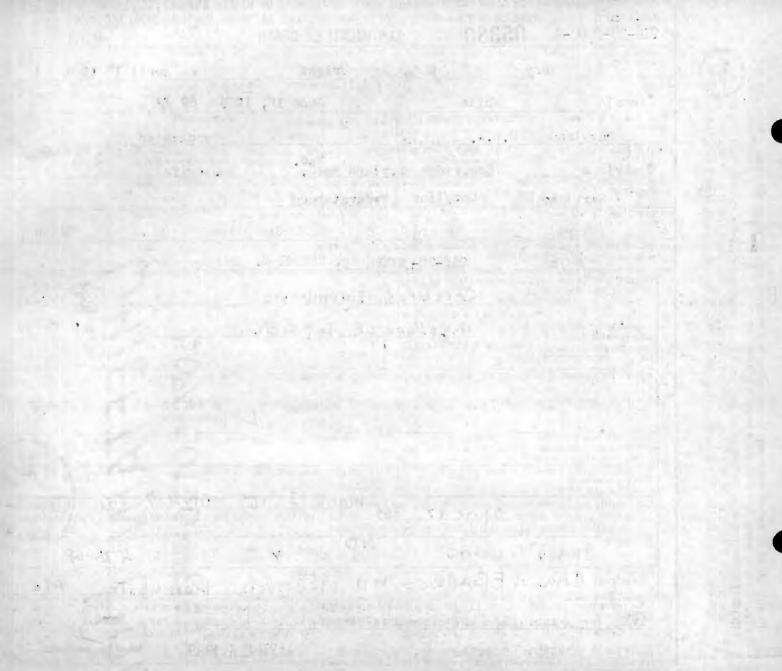
| A . I | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | |
|---|--|---------------------|--|--|--|--|--|
| <i>p</i> . | 05378 CERTIFICATE OF DEATH 05373 | | | | | | |
| ± −2.€ | 1 DECEASED NAME First Middle Lost 2a DATE OF DEATH 72 | b HOUR | | | | | |
| deal | (Type or print) CORA MARSHALL WARFIELD APRIL 28 1969 | M | | | | | |
| raurs after death | | DER 24 HRS | | | | | |
| 4 haurs | 70 BIRTHPLACE (State or foreign Country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DOTCHESTER WIDOWED DOTCHESTER OF COUNTY OF DEATH DOTCHESTER | Md | | | | | |
| within 24 hours after death ely filted in by the funeral ban pages 1 and 3 within 72 hours after death | 10. City OR TOWN OF DEATH Cambirdge 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done during most of working of the property of working of the property of the | ESS OR | | | | | |
| ecuted with campietely if ave carban y event, with | 13a USUAL RESIDENCE (Where deceosed lived, if institution Residence before padmission) STATE Maryland 13b. COUNDOrchester Cambridge 13d inside CTY JIMITS? NO X RFD #3 | | | | | | |
| physician and came no please remave noval, and in any ev | 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Los Rebecca Thomas | .1 | | | | | |
| rtificate obysicia en plea | 160 WAS DECEASED EVER IN JS ARMED FORCES? Yes, no or unknown] (1 ves give wor or dotes of service) 16 SOCIAL SECURITY NO 17. INFORMANT LeCompte Funeral Service records | | | | | | |
| e death c attending sermit. Th | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| quires that the physician. signed by the burial-transit p | Canditions, if any, which gave inse to immediate couse (o). Stating the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF. (c) CANCER STATE OF COLORS OF THE CO | -C | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | |
| FHYSICIAN: The .aw rethe hospital ar attending this certificate has been letached far use as the Bept. of Health priar ta | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIRY 121c. HOW INITIRY OCCUPRED. (Faster polyure of initially of init | NG | | | | | |
| ICIAN: pital ar rtificate ad far u | Growing Butting Cause of Death Hour A.M. Manth Doy Year P.M. 19 | | | | | | |
| G PHYSIC the hospit this certificated detached | While Not while of work of wark | State | | | | | |
| ATTENDING stained by th CTOR: After th should be de | 220. I certify that (1) (this hospital) attended the receased fram 4/10/69 19 to 7/699 the following the deceased alive on 1/69 19 ond that in (my) (our) opinion death occurred on the date and hour and followers stated above, (1) (we) (did) (did not) view the body ofter death. | we) lost rom the | | | | | |
| may be retained RAL DIRECTOR: A page 3 should be filed with the | 22b. SIGNATURE ATTENDING MED. STAFF 22c DATE SIGNED DEGREE PHYS DIRECTOR DESTAFF 12c DATE SIGNED | 9 | | | | | |
| TAL AL Day | 22d. PHYSICANS NAME (Type) Lawrence Maryanov 22e ADDRESS 6/0 Race 17 | | | | | | |
| TO HOSPI Page 4 m TO FUNER director, shauld b | 230 BUR AI (REMATION, Apr 30, 1969 23c NAME/OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Sto | ite) | | | | | |
| VR AIS | LeCompte Funeral Service, Cambridge, Maryland 250 REGISTRAR 6 1968 (Compte Funeral Service) | | | | | | |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05372 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 20 DATE KNOWNED (Type or Print) ESTI Randolph Willey DEATH MATED 4 RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6 AGE (in years DATE PRONOLNCED DEAD 8/8/1901 Mala White 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Md. U.S. WIDOWED DIVORCED F Dorchester State I 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Cambridge Cambridge-Md.Hospital during most of working I fe, even if retired.) INDUSTRY 30 USUAL RESIDENCE (Where deceased lived if institution; Residence before 13c CITY OR TOWN 13d (NS) DE CITY COM TS? 13e STREET AND NUMBER 13bDorchester odmission) STATE Cambridge 301 Maryland ond 2 v after 4 FATHER'S NAME First IS MOTHERS MA DEN NAME Herman Willey Roxie Cooper poges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Baltimore Mrs. Gwendolyn Willey Dundalk Md. 1B CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMM(DIATE CAUSE (a) Coronary occlusion 5 Mins. event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if eny, which gave rise to immediate cause (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ be forwarded to PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, CERTIFICATION 190 DATE OF OPERATION 196. COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [NO [X pe 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c HOW NURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No. City or Town County Stote NOT WHILE IT foctory office building, etc.) AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... inspection X Inquiry and in my apinian Natural causes X Accident . death resulted from. Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER 5 moy O FUNE Health John Mace Jr. M.D 'd. ADDRESS(Street city, town, or county) Cambridge. 230 BUR A. CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 1969 Cambridge Dorchester Md.
BY REGISTRAR 256 REGISTRARS SIGNATURE Dorchester Mem. Park VR A15ME (5) Cambridge Md. 21613 DATEAPR 28







| 1 | | | | STATE DEPARTM | | | | | |
|--|--|--|---|---------------------------------|--------------------------|---|---------------------|------------------|--|
| | 05381 | DIVISION OF VIT | | DI W. PRESTON STR | | , MARYLAND 2120 | | | |
| | | | | | FICATE OF DEATH | | 053 | | |
| 11. | (Tyme or print) A | rst | Middle | Last | | A Bonth | Doy Year | 2b. HOUR | |
| | J-AL | IRA | A. | YOUNG | - | 11111 | IF UNDER I YEAR | IF UNDER 24 HRS. | |
| 3, | SEX | 4. RACE | - | S. DATE OF BI | | 6. AGE (In years last birthday) | MONTHS DAYS | HOURS MIN | |
| L | FEMALE | | RO | | er,16,1889 | | RS. | | |
| | BIRTHPLACE (State or foreign suntry) Md. | 7b. CITIZEN OF WHAT C | | MARRIED NEVER MARI | RIED V. COU | THE ROLLING | DORCHES | TER Md. | |
| | CITY OR TOWN OF DEATH | 11. NAME give stree | of Hospital or Institudidaess) Mary Rest | TUTION (If not in haspital Home | during most of w | PATION (Kind of wark do orking life, even if retire VOTE | d.) 12b. KIND OF I | BUSINESS OR | |
| 13 | o. USUAL RESIDENCE (Where dec | eosed lived, if institution: | Residence befare 1 | 3c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER | | | |
| L | /'0 | Jan COUNTY C | | Cecilton | YES NOX | | | | |
| 14 | I, FATHER'S NAME First | Middle | Lost | 1S. MOTHER'S MA | LIDEN NAME First | Middle | | Lost | |
| L | George | | Young | | Sallie | | Thomps | ion | |
| 10 | Yes, no. or unknown) (") yes g | ARMED FORCES? 16b | SOCIAL SECURITY NO | | | Addres | | 1030 | |
| L | Yes_no, or unknown) (II yes g | | | Mrs. Mab | le Young, | Cecilto | | MATE INTERVAL | |
| | 1B. CAUSE OF DEATH (Enter | anly one cause per line for | or (o), (b), ond (c).) | | -0.4 | | BETWEEN OF | NSET AND DEATH | |
| | PART I. DEATH WAS CAI | JSED BY: EDIATE CAUSE (a) Chr | orkeCon | restive Ca | rdiac es | ilure | 75-4 | BC | |
| 1 | 4-125 | DUE TO, OR AS A | CONSEQUENCE OF | | | | 1 | | |
| 1 | Canditions, if any, which go rise to immediate cause (c | (b) Art | eri scl | erotic Hes | rt Diges | 356 | year | . 8 | |
| | stoting the underlying cou | Se DUE TO, OR AS A | | | | | | | |
| | last. | (c) U(| | ed arteri | | | year | 18 | |
| | PART 2. OTHER SIGNIFICANT | | | | | ON GIVEN IN PART 1(o) | | | |
| 3 | eft hani | nlegia nar | | | ptiteal | Occlassio | | | |
| Trees Carrie | 190-DATE OF OPERATION 1 | 9b. CONDITION FOR WHICH | operation was perf | ORMED 20a. AUTO | PSY? | 20b. IF YES, WERE FINDIN CAUSES OF DEATH? | GS CONSIDERED IN CE | RTIFYING | |
| 1 | 210. ACCIDENT WAS UNDER | | | 21c. HOW INJURY OCC | URRED (Enter nature | of injury in Part 1 or Par | t 2, Item 1B.) | | |
| 1 | OR CONTRIBUTING CAUSE OF | | Nonth Day Year | | | | | | |
| O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled, directar, page 3 shauld be detached far use as the burial-transit permit. Then please-Temave carban page should be filled with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within the state Dept. of Health priar to burial, cremation, or remaval, and in any event, within the state Dept. of Health priar to burial, cremation, or remaval, and in any event, within the state Dept. of Health priar to burial, cremation, or remaval, and in any event, within the state Dept. of Health priar to burial, cremation, or remaval, and in any event, within the state Dept. of Health priar to burial, cremation, or remaval. | 21d. INJURY OCCURRED While Nat while at work | | | 21f. LOCATION Stree | et ar R.F.D. No. | City or Town | County | State | |
| | 22o. I certify that (I) | (this hospital) ottend | ed the deceased | from | 1909, | to 1/11 | 19 <u>-2</u> , that | (I) (we) lost | |
| | saw the deceased | alive on 177 ove, (I) (we) (did) (did | not) view the bo | , and that in (m | y) (Gur) apinian c | leath accurred an the | e dote and haur | ond from the | |
| | 22b. SIGNATURE | | | | IC MED | STAFF | 22c. DATE SIGNED | | |
| | DEGREE PHYS. DIRECTOR PHYS. | | | | | | | | |
| | 22d. PHYSICIAN'S NAME (Type) 1 2 2 0 | id P.Flunn | , | 22e. ADD | RESS Box#158 | Preston - | ary onā | | |
| 2 | 3a. BURIAL, CREMATION, 2 | 3b. DATE | 23c. NAME OF CE | METERY OR CREMATORY | | LOCATION (City ar Town) | (County) | (Stote) | |
| 1 | Burial (Specify) | 4/22/69 | | on Cemetery | | cilton, | Cecil. | Md. | |
| 2 | 4. FUNERAL DIRECTOR | | ADDRESS | MA OTEST | 2Sa. REC'D BY REGI | | RAR'S SIGNATURE | | |
| | Edward Fellow | s & Son, 1 | MITTINGTO | n, Md. 21651 | DATEAPR 2 | 2 1969 200 | early Juy | del. | |